

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, NOVEMBER 3, 1841.

No. 13.

## CATARRH.

ABRIDGED FROM LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC, AT KING'S COLLEGE, LONDON, BY DR. WATSON.

THE mucous membranes, in the state of health, are perpetually *moist*. The exhalation of this moisture, to a certain amount, and *not beyond* a certain amount, constitutes an essential part of their healthy functions. Now their *inflammation* (for I am about to consider first the inflammatory affections of the membrane of the air-passages; some of them, indeed, I *have already* discussed), I say the inflammation of these mucous surfaces alters their ordinary secretion. An inflamed mucous membrane is in the first instance *dry*; its secretion is suspended. But this is not the only change that takes place in it; it becomes tumid also, swollen, thicker than before; it is *redder* than natural; and its sensibility undergoes a perceptible modification. *Pain*, in mucous membranes, is *not* a common phenomenon: for their texture enables them to expand or dilate freely, so that they escape much tension, and the pain which is produced by tension: but their natural sensations are blunted, and new and uneasy sensations arise in them; sensations of heat, fulness, itching. It happens that we can *see* a portion of the mucous membrane that belongs to the air-passages: and by noticing the changes produced in it by inflammation, we infer those which are apt to take place in the parts we *cannot* see. We have all often experienced in our own persons an inflammatory state of the membrane lining the nasal cavities; the schneiderian membrane. At first the nostril is preternaturally dry: yet though it is dry, you cannot breathe through it: it is stuffed up; not with accumulated mucus, but by the mere swelling of the membrane: the sense of smell is perverted or lost; the part is evidently red; it is tender also and irritable; the contact of atmospheric air a little colder or a little less pure than common, provokes sneezing. The affection extends often into the frontal sinuses; and headache and oppression ensue: or it passes into and through the lachrymal sac, the conjunctiva participates in the inflammation, the puncta lachrymalia become impervious, and the tears flow over the cheek. And with all this there are sometimes shivering or chilliness; and the pulse, especially in the evening, becomes a little more frequent than common. There is slight fever. After the unusual dryness, the membrane begins to secrete a thin, serous fluid, having acrid properties; for it reddens and frets the *alæ nasi* and upper lip over which it flows. By degrees, this thin, serous fluid becomes thicker, and as it becomes thicker, it be-

comes less irritating also, more viscid, opaque and yellow: the swelling of the membrane diminishes; it is less raw and sensitive. At length the secretion resumes its natural *quality*, and is reduced to its natural *quantity* again; and the tumefaction of the membrane entirely disappears. This is the course of what is popularly called a *cold in the head*. When the defluxion from the nasal membrane is considerable, systematic writers call the complaint *coryza*; when it is attended with much pain and weight about the *frontal sinuses*, it is named  *gravedo*. It is a variety of *catarrh*. In *catarrh*, sometimes one part, and sometimes the whole, of the mucous membrane of the air-passages suffers inflammation. If the disorder goes down into the lungs, it is said to be a *cold in the chest*; or, from one of the most prominent of its symptoms, a *cough*: in medical language, *bronchitis*. It sometimes travels from one part of the membrane to another. Beginning, for example, in the nose, it gradually creeps down into the wind-pipe and lungs. Sometimes the inflammatory condition passes from the throat into the Eustachian tubes, and produces deafness; or down the gullet and to the stomach, causing qualmish or other uneasy sensations, and a loss of appetite. And occasionally this order appears to be reversed. There are some persons who will tell you that whenever anything disagrees with their stomach, whenever dyspepsia is produced by some error in diet, they are sure to have *catarrh*.

Now I have adverted to this *cold in the head*, or *coryza*, because the phenomena which are open to our inspection in the schneiderian membrane take place also, no doubt, in the bronchial. The membrane is first dry, and tumid and irritable; the uneasy sensations of which it is the seat prompt to the action of coughing. The chest feels tight, stuffed, constricted. There is some hoarseness, and a sense of roughness and soreness in the windpipe; and a dry cough, which seems to arise from some irritation about the glottis. Sometimes, with these symptoms, pains in the limbs, like the pains of rheumatism, occur; the appetite is impaired; the patient is thirsty; and a general lassitude is felt all over the body.

But what effect has the altered state of the membrane upon the sounds elicited by percussion; or heard within the chest, by the ear, during respiration? Why it brings us acquainted at once with two remarkable modifications of the natural sound of breathing.

When you listen to the breathing of a healthy person, you hear, as the breath goes in and out, but especially as it goes in, a smooth and gentle rush—the *respiratory murmur*, or the *vesicular breathing*. But when the inner surface of the bronchial tubes, and of their ramifications, is preternaturally dry, and tumid, this sound is altered: you hear a hissing, or wheezing, or whistling, as the breath goes in and out; and this is technically called *sibilus*: or you hear a deeper note, a snoring noise, as the patient inspires or expires—a sound like the cooing of a pigeon, or the bass note of a violin, or the droning hum of an insect in its flight; and this is called *rhonchus*. These two, in their various modifications, constitute the *dry* sounds of respiration; they have no relation to the voice or to the cough.

After a while the inflamed membrane begins again to pour out fluid; but it is not the thin, bland, moderate exhalation of health; it is a glairy,

salish, transparent liquid, like white of egg somewhat; and if it be expectorated only after much coughing, it will be frothy also, i. e. it will contain many bubbles of air entangled in it. It is a stringy, tenacious fluid, and the more so in proportion to the intensity of the inflammation. With this new condition of the membrane, we have new sounds—sounds which result from the passage of air through a liquid; sounds which are occasioned by the formation and bursting, in rapid succession, of numerous little air-bubbles. These sounds are called *crepitations*. This process may take place in the larger air-tubes, or it may take place in the smaller, or in both. In the larger tubes the bubbles will be larger, and the ear can readily distinguish this; we have *large crepitation*. In the smaller air-tubes we have, in the same way, *small crepitation*. There is no difference between these sounds, except in degree; and they graduate insensibly into each other. But there is a considerable difference in the nature of the intimations which their well-marked varieties convey. If there be merely large crepitation, without any other morbid sound, it is produced in the larger tubes. Air passes, notwithstanding, into the vesicular structure *beyond* the accumulated liquid; and vesicular breathing *exists*, though perhaps it *cannot be heard*, on account of the crepitation. But the state of the patient is not a state of peril. On the other hand, small crepitation has its seat in the smaller air-tubes and cells; it supersedes the vesicular breathing, and, if extensive, it bespeaks considerable danger.

Rhonchus and large crepitation are respectively the dry and moist sounds that belong to the larger bronchi; sibilus and small crepitation the dry and moist sounds of the smaller branches. When the latter sounds are heard over a considerable part of the chest, there is, I say, usually a good deal of distress, dyspnoea and cough; and the fever which attends the local inflammation is at its height. By-and-by the expectoration becomes opaque, and more consistent, and of a greenish or yellowish color; it is brought up with more ease; the crepitation, great and small, diminishes; perhaps rhonchus re-appears: but at last the parts return to their original condition; and the natural, smooth, equable rustle of the breathing is again everywhere audible.

These are all the morbid sounds to which active and recent inflammation of the mucous membrane of the air-passages ever gives rise: rhonchus and sibilus; large and small crepitation. I may mention here, that as crepitation results from the passage of air amongst and through liquid, from the rupture of the little air-bubbles so produced, the *kind* of liquid may vary. If the air, in going and returning, meets with serum, or with pus, or with blood, it will occasion exactly the same bubbling noise. Hence the French term for what I have been calling crepitation, viz., *mucous rattle*, is very objectionable. From the sound itself, we cannot tell whether it proceeds from *mucus* or from some other liquid present in the air-passages; and from this objection the word crepitation, whatever exception may be taken against it on other accounts, is free.

I will now resume the history of catarrh. It implies inflammation of the mucous membrane of the air-passages; and it receives different appellations, according to the district of that membrane which it chiefly

plagues ; gravedo, in the frontal sinuses ; coryza, in the schneiderian membrane of the nose ; bronchitis, in the trachea and lungs.

Catarrh is the commonest of all disorders. Not one man in ten thousand passes a winter without having a *cold* of some sort. And this name points to its ordinary cause ; cold somehow applied to the body. It does not always or often result, I apprehend, from cold air brought into contact with the membrane itself, in the process of breathing ; but from cold, and especially from cold and wet, applied to the external integument. Catarrh is usually a mild disorder, and runs its course in a few days, if abstinence be observed with respect to animal food and stimulating liquor, and if the patient remains in an equable temperature, and avoids re-exposure to the cause of his malady. I am now speaking of the milder forms of catarrh. We are not often consulted for this complaint. Every man, in regard to a cold, thinks himself qualified to be his own doctor. But if you are consulted, keep your patient in the house, or even in bed ; let him live upon slops ; give him a gentle aperient, and then some of those medicines which are esteemed to be diaphoretic : small doses of James's powder ; three drachms of the liquor ammoniæ acetatis, with a drachm of the spiritus ætheris nitricus, and an ounce of camphor mixture ; or a saline draught with an excess of alkali, and a few grains of nitre, or a little antimonial wine ; three or four times a day : and let him take four or five grains of Dover's powder, and put his feet and legs into a warm bath, just before he goes to bed. In this way you may conduce to his recovery, and he may be simple enough to believe that you have cured him.

Yet I believe catarrhs *may* sometimes be *cured* : and the natural recovery from them *may* be, *sometimes*, accelerated. If you practise the old maxim, which says, "*venienti occurrere morbo*," you may occasionally stop a cold on the threshold, as it were, by an opiate. And to persons who are habitually troubled with slight catarrhs, this piece of practice may prove of the greatest value. A medical man who resides in this neighborhood, and with whom I was a fellow-student, is exceedingly subject to what he calls a snivelling cold. For many years he used to bear this as he best might : and that, to say the truth, was very ill and impatiently. On one occasion, almost by accident, he took twenty drops of laudanum just as one of his colds was beginning to torment him ; and he found that the initiatory symptoms ceased. Since that time he has constantly had recourse to the opiate under similar circumstances ; and whereas he used formerly to be very miserable for three or four days, he is now quite well and comfortable in the course of half an hour. And this is not a solitary case. It is worth trying, if you experience the feelings of an incipient catarrh, to go to bed, and to take a beaker of hot-wine negus, with a tablespoonful of the syrup of poppies in it. This will not suit every person ; but if it fails on the first trial, it need not be repeated, and no great harm, beyond an increase of headache, will be done by it. I would not recommend this plan, however, to a plethoric person ; nor to any one having a tendency to inflammatory disease ; for when it does not cure, it makes the complaint worse.

There is also a period in catarrh which has gone on unchecked, when

you may accelerate its departure—"speed the going guest"—by a good dinner, and an extra glass or two of wine. But this pleasant method is scarcely to be advised for persons of delicate habits; or in whom any phthisical tendency is suspected to exist; or who are prone to inflammation. And it is not to be tried with any one till the fever is over, and the expectoration thick and loose.

I must not omit to mention the *dry* plan of cure; although (I confess it with some shame) I have never yet tried it either upon myself or upon others. Dr. C. J. B. Williams, who invented it I believe, has a high opinion of its efficacy. It certainly has the merit of simplicity, for it consists merely in the abstinence from every kind of drink. No liquid, or next to none, is to be swallowed until the disorder is gone. The principle here concerned is that of cutting off the supply of watery materials to the blood. The wants of the system exhaust, from the circulating fluid, all that can be spared for the natural evacuations; and there is nothing left to feed the unnatural secretion from the inflamed mucous membrane. Its capillary vessels cease to be congested; the morbid flux is diverted, and the inflammation is starved away. Such is the theory. Habitual toppers might hold the remedy to be worse than the disease; but Dr. Williams assures us that the necessary privation is not very hard to bear, and that it achieves a cure, upon an average, in forty-eight hours. He allows, without advising, a tablespoonful of tea or milk for the morning and evening meals, and a wine-glass of water at bed-time.

One great advantage of this plan is, that it does not require confinement to bed, or to the house. The man whose business calls him abroad, may, with appropriate clothing, pursue his customary employment, and his cure is all the while going on. In fact, exercise, inasmuch as it promotes perspiration, helps the recovery; whereas the system of warm drinks and diaphoretics renders the body more susceptible to atmospheric vicissitudes; and, to be effectual, implies restrictions which are oftentimes extremely inconvenient.

Dr. Williams observes, that while this dry treatment is serviceable in catarrhal bronchitis, it is *most* successful in coryza, the snivelling cold in the head. It must be put in force in the very commencement of the disorder.

You may often do much by way of *prevention*, for persons who are unusually liable to take colds. I have remarked before upon the great value of the *shower bath* for that purpose. I could mention several instances in which persons have got rid of the tendency to catch cold by the habitual adoption of this measure. It should be begun in the summer, and used tepid at first; but in a short time quite cold water may be employed; and being once begun, the practice may be continued through the winter. I stated formerly, that the effect of exposure to cold was, *ceteris paribus*, in proportion to the intensity of the duration of the *sensation* of cold that it produced. The intensity of the sensation of cold under the shower bath is considerable, but the duration of it is momentary. It operates as a prophylactic in this way: it inures the surface to a lower temperature than it is likely to be subjected to at any other part of the day. The lesser degrees of cold have then no injurious effect, un-

less they are long protracted. For those who cannot procure a shower-bath, or who cannot bear its shock, cold sponging will be found exceedingly salutary.—*London Medical Gazette.*

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#### FATAL CASE OF EMPYEMA.

BY WILLIAM THOMAS BORTHWICK, ESSEX.

MARY ANN BATEMAN, aged 19, a native of Ireland, was admitted under Dr. Corbet, on the 13th of July. From her occupation, which was that of a pea-picker, she had been exposed to the vicissitudes of the weather, working almost constantly in the open fields, and from her wretched poverty, obliged to rest in barns and out-houses during the night, with but a scanty supply of clothing. She stated that for some months she had been laboring under an affection of the chest, which for three weeks previous to her admission had incapacitated her from following her occupation.

When admitted she complained of severe pain in the chest, and difficulty of breathing, accompanied with a short, dry cough, and an uneasy sensation in the right hypochondrium, increased on pressure: her pulse was 100; her bowels constipated, and tongue furred. She had had no appearance of menstrual discharge since the commencement of her illness. The treatment adopted was venesection to sixteen ounces, purgative medicines and low diet.

She appeared to obtain considerable relief from the bleeding, which was repeated, and in a few days was so far recovered as to be able to leave her bed. Gradually, however, the pectoral symptoms returned, accompanied with rigors, and despite the most active treatment continued to increase. In the beginning of September, the period at which I first visited her, she was laboring under the most distressing dyspnoea, unable to maintain the recumbent posture more than a few minutes; painfully anxious; restless during the night; her pulse rapid and feeble; her strength prostrated, and her appetite lost. There was a preternatural change in the shape of the chest, the right side being considerably expanded and quiescent, respiration being apparently maintained altogether by the left lung. There was also a dull sound on percussion, and a total absence of respiratory murmur. In the course of a few days two circumscribed tumors made their appearance externally; one between the second and third ribs, and the other between the seventh and eighth, accompanied with œdema; and on pressing on them alternately, the fingers of one hand being applied to the upper swelling, and those of the other to the lower, distinct fluctuation was observable; justifying the diagnosis at which we had previously arrived, that there was an extensive collection of fluid within the cavity of the chest.

On the following day (Sept. 12), Mr. Jordison, of South Ockendon, who had previously seen the case, was called into consultation, and we determined on puncturing the chest; but from an objection on the part of the patient the operation was delayed. In the mean time expectoration supervened, but without affording any relief to her sufferings, and as

it was evident the girl was sinking, it was thought prudent to abandon the operation altogether. She died on the 19th.

*Inspectio Cadaveris.*—This took place on the following day, Mr. Jordan, Dr. Corbet and myself, being present. On opening the chest, the right cavity was found filled with an enormous quantity of pus (seven or eight pints), which flowed out freely the moment the sternum and cartilages of the ribs were raised. The cyst in which it was contained was of a greyish, marbled appearance, formed apparently by a thin layer of the outer surface of the lung, the remainder of which was completely absorbed, except a portion of the root, of about half the bulk of the hand. The pleura pulmonalis was firmly adherent to the pleura costalis, and both much thickened. Opposite the points where the tumors had presented externally, ulceration had taken place, extending in the upper situation through the intercostal muscles. The extremities of the bronchial tubes were found blocked up with coagulating lymph; thus accounting for a remarkable feature in the case, the absence of expectoration: this symptom, as I have noticed, not having presented itself until a few days before death, and then only in a moderate degree. The left lung was perfectly healthy; but a considerable effusion of serum was found in the cavity of the corresponding pleura. The pericardium was also filled with serous fluid; and there was a large deposit of fibrine on the outer surface of the heart, otherwise that organ was in its normal state. No change was observable among the abdominal viscera, with the exception of a considerable enlargement of the liver; partly the result of hypertrophy of structure, and partly of congestion of the hepatic veins.—*London Lancet.*

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#### DOUBLE VARUS CONGENITUS—SUCCESSFUL OPERATION

BY JOHN B. BROWN, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MISS E. A. SAWTELL, æt. 10, entered the Orthopedic Infirmary in Boston, May 9th, 1840. She has double varus congenitus of the third degree; left foot the worst; both feet are turned in to nearly a right angle with the legs. She rests her weight, when she stands or walks, on the outside of the feet and the external ankle, the sole looking upward. As she steps, one foot goes over the other. (See figs. 2 and 4.)

May 14. Divided the tendo-Achillis in both feet, and the tibialis anticus in the left foot, in the presence of Drs. J. Randall and E. W. Leach.

July 30. It is now rather more than six weeks since these feet were operated upon. They are both very much improved, and she walks very well. The right foot has improved faster than the left. There appears to be a thickening of the sheath of the heel cord, which prevents the heel from being brought down. Re-divided, this day, the tendo-Achillis, together with its sheath. She returned home in about twelve weeks from the time she came to the Infirmary. Her feet are as represented in figures 1 and 3.



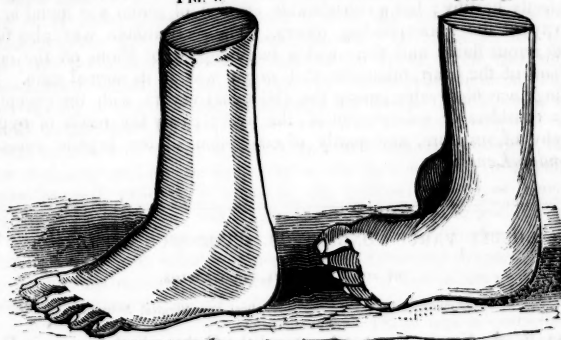
FIG. 1.

FIG. 2.



FIG. 3.

FIG. 4.



After Miss Sawtell's return home, the following favorable notice of the case appeared in the *Boston Medical and Surgical Journal*, communicated by her physician, Dr. Wilder, of Groton, Mass.

"Miss Sawtell, of Groton, æt. 10, general health good, muscles well developed, had what is termed double varus of the third degree, as bad as it could well be, as the feet were nearly vertical. The point of support was the outer ankle, nearly up to the end of the fibula, and the foot so completely turned that the sole looked nearly upwards. The unnatural points of support were most of the time so much inflamed as to be very painful, and many times so much so as to prevent sleep. Walking, or rather hobbling, was exceedingly difficult and painful, precluding all expectation of her limbs ever being of much service to her. Upon being informed of the improvements in surgery, and of the skill and success of Dr. J. B. Brown, of Boston, her friends determined to place her under his care, which they did the 14th of May last, where



she remained until the 23d of August, when she returned with her feet entirely changed, so that she placed the sole of the foot perfectly upon the floor, with the soles in the position they should be, in relation to the limb, neither in nor out too much. When the muscles and tendons have had time to become accustomed to their present position, and regain full strength, I think it will be a case of complete success, and that she will not only walk with ease, but elegance. A. H. WILDER, M.D."

## FUNGUS HÆMATODES.

[THE following case of fungus hæmatodes, in which amputation, though at first apparently successful, did not long save the life of the patient, is related in the London Medical Gazette by T. Abraham, a surgeon of London.]

A young lady, aged 20, in the autumn of last year, hurt her knee by a fall, but did not feel much of it at the time, and continued to walk without much inconvenience for about six weeks afterwards, when the joint became very painful on being moved or pressed upon. It gradually enlarged all round, but was not discolored. Darting and lancinating pains were at length felt in the joint and lower half of the femur, which much harassed and distressed her day and night. In this state I found her on the 15th of January last, when requested to attend the case with Mr. Bateman, who had been previously assisted by Sir Benjamin Brodie.

It is not my intention to occupy your space in detailing the treatment; suffice it to say, that the pains were mitigated in a few days, but every attempt to cure or suspend the progress of the disease proved useless. The swelling on each side and in front of the joint daily increased, presenting a soft and elastic feel, with an obscure sense of fluctuation. Mr. Bateman and I now considered that, as the disease was progressing, but confined to the limb, and the patient's health rapidly giving way, amputation was the only means of checking it: in this opinion we were afterwards corroborated by Sir B. Brodie.

On February 27th amputation was performed about two-thirds up the femur; this being rendered necessary by the extensive disease of that bone. On laying open the joint after amputation, a large hæmatoid tumor, or substance resembling coagulated blood intersected by cellular strata, was found in it, and the lower half of the femur carious, in which, most probably, the tumor originated. In about two months the stump was healed, and the patient gradually improved in health, so as to be able for a few weeks to take carriage exercise, and visit her friends. In the beginning of July, however, she was very ill, and it was discovered that effusion into the left side of the chest had taken place. On the 8th of August she expired.

A post-mortem examination having been permitted by her friends, it has set at rest any doubt that may previously have been entertained as to the nature of the complaint. My friend Mr. Blyth (Mr. Bateman being from home) and I found about two quarts of serum in the left side of the chest, extensive pleuritic adhesions, the *whole* of the left lung con-

verted into an encephaloid mass, weighing about two pounds, of a reddish-white hue, more consistent than brain, and greasy to the touch. The heart (forced into the right side of the chest) was small and pale; the parietes thin, the valves sound; the right lung was much compressed, and thickly studded with calcareous deposits. No disease was found in the abdomen.

The above statement is forwarded as additional evidence (if any be wanted) of fungus hæmatodes, or medullary sarcoma, being dependent on a morbid condition of the blood, and of its re-production and rapid growth in another part after it had been removed from its primary seat.

#### COMPRESSION IN THE TREATMENT OF MAMMARY ABSCESSSES.

BY MM. TROUSSEAU AND CONTOUR.

IN this memoir there are two distinct parts; one devoted to the description of abscesses of the breast, the other intended to recal the attention of practitioners to a curative means too much neglected in their treatment, namely, compression. The following is the mode in which it is to be applied:—It is to be accomplished by strips of plaster, broad, and sufficiently long to go several times round the body. The surgeon, standing by the side of the patient, must first fix one of the extremities of the strip at about the middle of the back, then carry it towards the side of the chest, then pass it over the breast, beginning at the lowest part, then obliquely from below upwards to the outer third of the clavicle on the healthy side, and then obliquely downwards across the back, so as to cover the extremity of the slip already fixed. Following this course several times, he must take care that the portion of the band applied each time covers the two upper thirds of the preceding turn. But it is easy to see that if the bandage is always carried in the same direction, the breast cannot be completely covered; and that, on the other hand, as its several turns go across the clavicle of the healthy side, the movements of the shoulders would tend to displace it, and the lower part of the breast might soon be uncovered. Other strips of plaster are therefore applied, which, proceeding from the anterior and upper part of the abdomen, ascend, crossing the first obliquely; then pass under the axilla, and return, after passing over the posterior part of the chest, to the part where they were first applied, and then are carried again along the same track, covering each time the two upper thirds of the strip last applied. The breast is thus completely covered by the bandage, which is prevented from rising by this last described, which ought to cover only the upper part of the breast.

To compression thus employed the authors attribute many advantages. In the first place, it immediately relieves the pain; it combats and diminishes the inflammatory engorgement, at whatever period it is applied. When employed after opening the abscess, it decidedly favors the evacuation. And although when employed too long, at a period when the process of suppuration is active, it might have the disadvantage of making the pus extend over a large surface, yet this may be avoided by removing the bandages at a time when it is probable that matter has fairly

formed. If this be done, and the abscess opened, the bandages may be again applied, after two or three days' poulticing, with good effect.—*London Medical Gazette, from Jour. des Connaiss. Med. Chirurgicales.*

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BOSTON, NOVEMBER 3, 1841.

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### STATISTICS OF AMPUTATION.

IN last week's Journal was a paper of extraordinary interest, by Prof. Trowbridge, late of the Willoughby University, Ohio, from which it appears that he has performed amputation of the thigh in eighty-five cases—a larger number, probably, than has occurred in the private practice of any other surgeon in the United States. Dr. Trowbridge, it must be kept in mind, has never been connected with a hospital, but exclusively at the service of the public as a private practitioner of surgery. If he were to narrate some of the individual cases which have come under his eye, since the settlement of the Black-river country, as it is familiarly called, where he has generally resided, there would be much to equal the graphic stories in the popular *Diary of a Physician*, as well as to instruct other practitioners of surgery. To have travelled over the vast extent of country to which, we understand, Dr. Trowbridge has been called, by day and night, amongst the poor as well as rich, for thirty-four successive years, is extraordinary in itself—and doubtless very many of his capital operations have been performed under circumstances the most inconvenient and discouraging. The present race of surgeons will know but little of the privations and hardships of the old school of operators now passing away. Another important feature in regard to Dr. Trowbridge's eighty-five amputations of the thigh, is the fact that so few died—sixty-five having entirely recovered. He has also thrown some important light upon the value of the several modes of cutting, which is worthy of special study. Reminiscences of a similar character, embracing any department of medicine, from other sources, would be gratefully received by the professional public.

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*Development of particular Organs in Dwarfs.*—In the course of conversation with Dr. Ware, the other day, he suggested the importance, to physiologists, of ascertaining to what extent, and at what periods of life, the teeth, for example, and other essential organs of the body, become perfectly developed, if at all, in dwarfs; or whether some of them remain *statu quo*, after a certain infantile period. If any of our correspondents are possessed of facts illustrative of these points, their publication would add to the meagre fund of information upon this subject now possessed. We have individually had some opportunity of an acquaintance with the celebrated dwarf, major Stevens, and feel qualified to certify to a few interesting physiological facts. In early life, we also knew the Lilliputian songsters, Mr. and Miss Clark, brother and sister, two miniature specimens of humanity—then old, although just entered upon the active field of life. The little lady was indeed a woman, though scarcely

a yard in height; but the brother was quite her inferior, both in mind and body. However, trusting that some one may furnish something illustrative of the physical condition of these anomalies, and, if possible, clear up obscurities that somewhat envelope the natural history of them, we shall defer any further remarks for the present.

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*Physical Characteristics of the Human Teeth.*—In last week's Journal we had occasion to commend to the notice of our readers the new Dental Journal, with which the name of Dr. Harris, the author of the work above named, is intimately identified. This is a treatise of one hundred and nineteen large-sized octavo pages, beautifully printed, and devoted to the consideration of the following subjects, viz.—*physical characteristics of the human teeth and gums, the salivary calculus, the lips and tongue, the fluids of the mouth, &c.* Dr. H. is now one of our most elaborate writers, and is justly considered high authority on dental surgery. Originally, the whole treatise, being a physiological and pathological inquiry into the physical characteristics of the teeth, was read at the late annual meeting of the American Society of Dental Surgeons, at Philadelphia. Perhaps no one could have arranged such an amount of important, useful matter on any one subject, and had it less liable to objections, than has the author in this book. Yet he says in the preface, this was "written in haste, without time for revision or correction." Few persons write with such facility, and none, probably, who will find more favor from their particular professional brethren. Each chapter is a complete dissertation, on the subject of which it treats, and when brought together into a single volume they certainly present a respectable appearance, aside from all considerations of intrinsic worth. We really desire to have it extensively circulated—for there is no need of going abroad for authorities on dentistry—it being now questioned, even by foreigners themselves, whether there are any dentists in Europe superior to those in the United States.

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*New Tonsil Instrument.*—Dr. Haynes, of Concord, N. H., well known as the inventor of an abdominal supporter now in general use, has politely forwarded, for inspection, an entire new contrivance for the excision of diseased tonsils. Although it cannot be said to be on a new principle, yet the combination of the several parts, one upon the other, are of such a nature, and so much better, we should think, than those generally in use, that it cannot be examined by surgeons without eliciting commendation. Unfortunately, in coming to Boston, an essential part of the instrument was broken; still, the manner of using the knife, and its peculiar motion, alternating with a long, steel needle, which is designed to transfix the excised organ, is clearly understood. Gentlemen interested in this branch of the profession, are invited to look at it. Its beauty and finish, as a whole, cannot well be excelled. England never produced a more perfect specimen of elegant cutlery.

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*Criteria for judging of Age in Children.*—A correspondent, who has examined a dwarf recently exhibited in this city, expresses a doubt about his having reached the age of seventeen, as represented by the person who has the care of him. "In the first place," says the writer, "this individual has all the air and manner of a child; there is about him none

of those attributes of the adult form and development which I have seen in other dwarfs. He does not look like a *little man*, but like a *little child*. But what struck me more than this, was the state of his jaws and teeth. These present, exactly, the characteristics of a child six years old. He has not shed a single tooth, and the first of the permanent molars has not yet made its appearance." It seems that on being asked if he had ever shed any teeth, he appeared not fully to understand the question. "Now," continues our correspondent, "either the law of development has been arrested in this individual, or an imposition has been practised by his friends on the public." Not knowing the particulars of the case, having had the little information we possess, touching the matter, from the man who has the care of the individual exhibited, we are unable to give any satisfactory explanation. The gentleman referred to is alone able to answer the inquiries of our anonymous correspondent, which it is hoped he will have the frankness to do at once.

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*A Town without a Physician.*—A pleasant and thriving town in Middlesex county, Mass., the other day, was without a physician. A letter was shown us from a respectable gentleman of the place, who spoke of the desire of the inhabitants to have some one, who could be properly recommended, take up a residence there, not doubting that he would obtain a generous support. Having been requested to make some inquiry with reference to finding a candidate for the place, we commenced the present article, but had little more than written the caption, when a gentleman called to say that the ground was taken up. Still, it may be regarded in the light of a phenomenon that the circumstance should have happened, that a town in the State of Massachusetts should be for a single day without a settled practitioner of medicine.

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*Artificial Pupil.*—Dr. Jeffries, one of the surgeons of the Eye and Ear Infirmary, of this city, has made some important improvements in the method of making artificial pupils, which will soon be made public through a series of reports in this Journal, which are expected from his own hand.

If medical gentlemen would oftener consult cases in that institution, and see for themselves the happy progress made in the general management of diseases of the eye, it is quite certain they would derive great profit from it. The surgeons are always willing to explain everything, and to exhibit the condition of their patients, without hesitation.

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*Yellow Fever.*—Although the cases are gradually diminishing in number, at New Orleans, the intensity of the disease seems not to have abated, since a large proportion of the cases are as fatal as ever. We shall begin to believe that Dr. Barton's assertion is true, that New Orleans would not be a sickly city, if people unacclimated would only keep away till the proper season, when they can go there with impunity. The North, and not the city itself, supplies the materials for the great waste of life in New Orleans by yellow fever.—At Vicksburg, from late accounts, it is inferred that the fever by this time is beginning to subside, although its progress has been marked by a melancholy destruction of human life.

*Dartmouth College.*—Thirteen gentlemen were admitted to the degree of M.D., at the close of the lecture term, last week. The session has been a prosperous and honorable one for the medical department of that excellent institution.

*The Select Medical Library.*—Dr. Bell's Medical Library and Bulletin of Medical Science for October, though late, is a valuable number. The Bulletin, or miscellaneous department, comprises twelve pages, and is mostly made up of extracts from foreign journals. The Library department consists of Underwood's Treatise on the Diseases of Children, complete, being from the ninth English Edition, with notes by Drs. Merriam and Marshall Hall, to which are now added notes by Dr. Bell. It forms a volume of 368 handsomely-printed pages, and is a valuable treatise, though on a subject which has been so ably handled by others.

*Over-dose of Oil of Tansy—Recovery—Analysis.* By Dr. C. H. RAYMOND, of Buffalo.—Buffalo, Sunday, November, 1839, A. M., was requested to visit Mrs. B., a rather delicate lady, mother of several children, who had a strong aversion to any increase of her family, from the feebleness of her constitution, which had not recovered its vigor since the last confinement. When in her water-closet was attacked with a convulsion. Before my arrival she had vomited. The ejected matter had the odor of tansy. When I saw her she was in a state similar to a patient with hysterics; she had a convulsion after my arrival. Administered a dose of sulphate of zinc and ipecac., which produced free vomiting. She did not recover her consciousness for about six hours.

I took the ejected matter to my office for examination. I introduced it into a retort, and distilled over six ounces of strong tansy water.

In the summer of 1840 I met with a similar case in a chambermaid on board of a steamboat. The symptoms were not so violent. Treatment and result as above.—*American Journal of the Medical Sciences.*

*Works in Press in Philadelphia.*—Messrs. Lea and Blanchard have in press the following works:—

The Principles and Practice of Obstetric Medicine and Surgery, in reference to the process of Parturition. Illustrated with 50 plates and nearly 150 figures. By Francis H. Ramsbotham, M.D., Lecturer on Obstetric Medicine at the London Hospital, &c. &c.—A sixth edition of Ellis's Medical Formulary, entirely revised, and with numerous additions, by Samuel George Morton, M.D., &c. &c.—The Principles and Practice of Medicine, by Robley Dunglison, M.D., &c. &c.—A new Systematic Work on Chemistry, more particularly adapted to the uses of Medical Students.—Practical Geology and Mineralogy, with instructions for the qualitative analysis of Minerals. By Joshua Trimmer, F.G.S. Illustrated with more than 200 wood-cuts.

We are informed that Dr. Griffith's Manual of Medical Jurisprudence is so nearly written that its publication may be looked for during next year.—We also learn with much pleasure that Prof. Chapman is preparing for early publication a work on the Fevers of the United States, and that this will be immediately followed by another work by the same eminent practitioner.—*Ibid.*

*New Medical Works in London.*—Observations on the Structure and Diseases of the Testis. Illustrated with 24 highly-finished colored plates. By Sir Astley Cooper, Bart., F.R.S. Royal 4to, cloth. Price 3l. 3s. Second edition. By the same author, A Treatise on Dislocations and Fractures of the Joints. Sir Astley Cooper left very considerable additions in MS. for the express purpose of being introduced into this edition. The work will be octavo size, the whole of the plates re-drawn, engraved on wood, and printed with the text. No expense will be spared in its typographical execution; and it will be published at a price to make it available to every member of the profession. Edited by Bransby Cooper, Esq., F.R.S. Will be published in December.—Principles of Human Physiology; with their chief applications to Pathology, Therapeutics, Hygiene, and Forensic Medicine. With numerous illustrations on wood. By Dr. Carpenter. One volume Svo. In press.—The Structure, Economy and Pathology of the Human Teeth, with careful Instructions for their Preservation and Culture; and concise Descriptions of the best Modes of Surgical Treatment, equally adapted to the uses of the Medical Practitioner, the Student in Medicine, and the Public. With 40 illustrations. By Mr. Lintott. 24mo, cloth. 5s.—Tic-douloureux; or, Neuralgia Facialis, and other Nervous Affections; their Seat, Nature and Cause. With Cases illustrating successful Methods of Treatment. By Dr. Allnatt. Svo, cloth, 5s.—Practical Observations on Injuries of the Head. By Mr. Sharp, F.R.S., F.G.S., Senior Surgeon to the Bradford Infirmary. Svo, cloth, 7s.—Practical Illustrations of the Treatment of Obstructions in the Urethra, and other Canals, by the Dilatation of fluid Pressure. By Dr. James Arnott, Member of the Royal College of Surgeons. Svo, boards, 3s.—On Stammering and Squinting, and on the Methods for their Removal. By Edwin Lee, M.R.C.S., Corresponding Member of the Medical and Chirurgical Societies of Paris, Berlin, Florence, Naples, &c. &c. Svo, boards, 3s.

TO CORRESPONDENTS AND SUBSCRIBERS.—Dr. Greenwood's account of his improvement in the construction of a truss was duly received, and will be inserted soon.—The attention of subscribers is requested to the bills which they may find enclosed in their copies of the Journal. They will recollect that their post-masters are at all times authorized to transmit money to publishers by mail, free of expense.

Number of deaths in Boston for the week ending October 30, 31.—Males, 21; Females, 10. Stillborn, 2. Of consumption, 4—paralysis, 1—accidental, 2—dropsy, 4—disease of the heart, 1—infantile, 5—drowned, 2—rheumatic fever, 1—debility, 2—palpitation of the heart, 1—scarlet fever, 1—apoplexy, 1—child-bed, 2—lung fever, 1—congestive pneumonia, 1—unknown, 1.

# UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

The Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

|   |                         |
|---|-------------------------|
| Practice and Theory of Medicine, by                   | NATHANIEL CHAPMAN, M.D. |
| Chemistry, by   | ROBERT HARE, M.D.       |
| Surgery, by   | WILLIAM GIBSON, M.D.    |
| Anatomy, by   | WILLIAM E. HORNER, M.D. |
| Institutes of Medicine, by                            | SAMUEL JACKSON, M.D.    |
| Materia Medica and Pharmacy, by                       | GEORGE B. WOOD, M.D.    |
| Obstetrics and the Diseases of Women and Children, by | HUGH L. HODGE, M.D.     |
| Clinical Lectures on Medicine, by                     | W. W. GERHARD, M.D. and |
| “ on Surgery, by                                      | DRS. GIBSON and HORNER, |

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 20, 1841.

A 25—tDecl

W. E. HORNER, Dean of the Med. Faculty, 263 Chesnut st., Philadelphia.



## MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

|   |       |                        |         |
|---|-------|------------------------|---------|
| Anatomy and Operative Surgery, by                       | - - - | DR. WARREN,            | Fees.   |
| Midwifery and Med. Jurisprudence, by                    | - - - | DR. CHANNING,          | \$15.00 |
| Materia Medica, by                                      | - - - | DR. BIGELOW,           | 10.00   |
| Principles of Surgery and Clinical Surgery, by          | - - - | DR. HAYWARD,           | 10.00   |
| Chemistry, by   | - - - | DR. WEBSTER,           | 15.00   |
| Theory and Practice of Physic and Clinical Medicine, by | - - - | DRS. WARE and BIGELOW, | 15.00   |

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

81-eptN

WALTER CHANNING, Dean.

## COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.  
HARVEY LINDSLEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.  
THOMAS MILLER, M.D., Professor of Anatomy and Physiology.  
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.  
J. FREDERICK MARY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SAOOR, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

Washington, May 1, 1841.

My 12-lamtn

THOMAS MILLER, M.D.

Dean of the Faculty.

## MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep.8—eupf.

## ONE MEDICAL STUDENT.

OF correct moral habits, can be received into a physician's family on reasonable terms during the ensuing course of Medical Lectures in the city. Location convenient. Inquire at the Medical Journal office.

O 20—31\*

Boston, October 18, 1841.

## ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

The supporters may also be obtained of the following agents.—In New Hampshire, Dr. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscaawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Bulch, Jr., Providence, R. I.

## VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.